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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720971** **(1)**

1. Corporation Name

APOSTOLIC EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6702 N.W. 15TH AVE. MIAMI FL. 33147	6702 N.W. 15TH AVE. MIAMI FL. 33147-7106

3. Date Incorporated or Qualified: 05/17/1971
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 23-7160177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, DR. GILBERT S.
6702 NW 15TH AVENUE
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, REV. GILBERT		1.2 NAME		
STREET ADDRESS	12705 N.E. 4TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, OLRICK		2.2 NAME		
STREET ADDRESS	7142 N.W. 16TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WEST, CHARLIE MAE		3.2 NAME	CONNELL JOHNSON	
STREET ADDRESS	5627 N.W. 9TH AVENUE		3.3 STREET ADDRESS	1949 NW 83RD ST.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SMITH, EVAN		4.2 NAME	ANTHONY SWAIN, SR.	
STREET ADDRESS	1495 N.W. 67TH ST.		4.3 STREET ADDRESS	1914 NW 43RD St.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, GENEVA O		5.2 NAME		
STREET ADDRESS	12705 N.E. 4TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LITTLE, TALEISA		6.2 NAME		
STREET ADDRESS	1458 NW 99TH CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] **REQUIRED** 4-19-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0030559